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ATTORNEY'S DOCKET NUMBER: 2002907-0002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Schueller et al. Examiner: Naff, David M
Serial No.: 09/929,736 Group Art Unit: 1651
Filed: August 14, 2001
For: DEFORMABLE STAMP FOR PATTERNING THREE-DIMENSIONAL SURFACES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. § 1.111

Applicant is filing herewith a Petition for a three (3) month extension of time from April 29, 2004, up to and including July 29, 2004 to respond to the Office Action mailed January 29, 2004, in the above-referenced case. Responsive to the January 29, 2004 Office Action, Applicant requests entrance of the following Amendments and consideration of the following Remarks.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this Response.

Remarks begin on page 9 of this Response.

Certificate of Mailing	
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
July 28, 2004	<i>Susan M. Dinsmore</i>
Date	Signature
Susan M. Dinsmore	
Typed or Printed Name of person signing certificate	

AMENDMENT TRANSMITTAL LETTER				Docket Number 2002907-0002 Customer Number 24280																																																									
Application Number 09/929,736		Filing Date August 14, 2001		Examiner Naff, David M.																																																									
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<p>TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an amendment in the above-identified application, including:</p> <ol style="list-style-type: none"> 1. Petition For Extension of Time Under 37 C.F.R. §1.136 (1 pg.); 2. Check in the amount of \$475.00 for Extension of Time; 3. Response to Office Action Under 37 C.F.R. §1.111 (16 pgs.); and 4. Return-Receipt Postcard. <p style="text-align: center;">CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">(1)</th> <th></th> <th style="text-align: center;">(2)</th> <th></th> <th style="text-align: center;">(3)</th> <th></th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">CLAIMS REMAINING AFTER AMENDMENT</th> <th></th> <th style="text-align: center;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th></th> <th style="text-align: center;">PRESENT NUMBER EXTRA</th> <th style="text-align: center;">RATE</th> <th style="text-align: center;">FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td style="text-align: center;">55</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">115</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$18</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td style="text-align: center;">2</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">7</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$86</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIM ADDED</td> <td colspan="5"></td> <td style="text-align: center;">\$290</td> <td></td> </tr> <tr> <td colspan="6"></td> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td colspan="4" style="vertical-align: top;"> If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. </td> <td colspan="2" style="text-align: center; vertical-align: top;"> SMALL ENTITY TOTAL </td> <td colspan="2" style="text-align: center; vertical-align: top;"> \$0.00 </td> </tr> </tbody> </table> <p style="margin-top: 10px;"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." </p> <p>The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Please charge Deposit Account Number 03-1721 in the amount of \$_____. A duplicate copy of this sheet is enclosed. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A check in the amount of \$_____ to cover the filing fee, </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 03-1721. A duplicate copy of this sheet is enclosed. </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: 1.2em; font-family: cursive;">Stacy L. Blasberg</p> <p>Stacy L. Blasberg, Reg. No. 52,625</p> <p>July 28, 2004 Date</p> </div> <div style="width: 45%; border: 1px solid black; padding: 10px;"> <p style="font-size: 0.8em;">I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 28, 2004.</p> <p style="text-align: right; font-family: cursive; font-size: 1.2em;">Susan M. Dinsmore</p> <p style="text-align: right; font-size: 0.8em;">Susan M. Dinsmore</p> </div> </div>							(1)		(2)		(3)				CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT NUMBER EXTRA	RATE	FEE	TOTAL CLAIMS	55	Minus	115		0	x \$18	\$0.00	INDEPENDENT CLAIMS	2	Minus	7		0	x \$86	\$0.00	MULTIPLE DEPENDENT CLAIM ADDED						\$290								TOTAL	\$0.00	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$0.00	
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